

**SPECIAL
POINTS OF
INTEREST:**

- New Hepatitis B Vaccination Report
- KAN Be Healthy Q&A
- Online Resources for MCH Providers
- Plan Now to Attend Kansas Public Health Conference
- Bloom where you are planted!
- Pregnancy Outcomes and Lupus

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ZIPS

Zero to age 21: **I**nformation **P**romoting **S**uccess

for Public Health Professionals working with Kansas Kids

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FEBRUARY 2006

MCH Data Collection System: Stakeholders Partner with KDHE to Pioneer New Data System



On Thursday, January 26, stakeholders representing MCH practitioners from local health departments, KALHD, KDHE, and organizations that support MCH programs accepted invitations to the kick-off introducing the MCH Data Collection System. Ileen Meyer, Director of Children and Families Section at KDHE, Norma Jean Schaefer, KDHE Information Systems Manager, and Ray



associated with the Immunization Registry Program. A team of volunteers from local agencies will be formed to work on the development of the system. It will be through the practical, creative work of this progressive group that a program to help measure outcomes and improve service delivery to families will be created! If you're interested in joining this pioneering effort, contact Ileen Meyer, at

imeyer@kdhe.state.ks.us.

Segelke, Envision Technology, presented information about the new data collection system that will be developed by practitioners utilizing electronic data systems and KDHE. This is an exciting opportunity for KDHE, local health departments, and other supporters of MCH programs to team together to create a useful MCH data collection system that will be



PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant

Consumers Praise Local Public Maternal and Child Health Programs

It never ceases to amaze me to hear stories of how well received and perceived is the quality of care provided each day to the citizens of Kansas by those working in Maternal and Child Health (MCH) Programs.

One recent example comes from a story related to me by the father of a 12-year-old girl who worked on the plumbing in my home. He said that when he and his wife first arrived in Topeka 12 years ago and were expecting their first child, they inquired around town to find the best place to go for pregnancy-related services. Without exception, residents directed them to the local MCH program in Shawnee County. He went on to say what good care he and his family



received there and that his family still sees the pediatrician referred to them through the program.

Another success story appeared in the St. Francis (Kansas) Herald. In this story, the Masonic Lodge in St. Francis gave away 12 teddy bears to the MCH program at the Cheyenne County Health Department. The teddy bears were to be dispersed to local residents by the Healthy Start Home Visitor in the Cheyenne County MCH Program during home visits. This was done as part of an effort by the Masonic Lodge to promote education and increase public awareness about early childhood development (Teddy Program). The article says that a goal for both organizations

is promoting successful growth of a physically and emotionally healthy child, related to early development and by fostering a nurturing and stimulating environment for infants and children up to age 36 months.

From one end of our state to the other, the praises of MCH Programs can be heard being sung by the people whom they serve. For further information on MCH services in your area, please contact your county health department. Or, as I have found out, just keep your ears open for success stories from friends, acquaintances and family who have experienced quality care from a MCH Program. Please continue to send articles and any local success stories from your area to me at: jkotsch@kdhe.state.ks.us or drop me a line or letter with same.

The highest reward that God gives us for good work is the ability to do better work.
— Elbert Hubbard

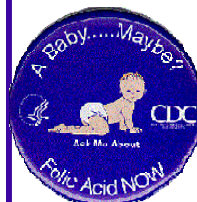
New ACIP Hepatitis B Recommendations

On December 23, 2005, CDC published "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part I: Immunization of Infants, Children, and Adolescents" in the MMWR Recommendations and Reports.

MMWR The new recommendations are the first major update of the immunization strategy on the hepatitis B virus (HBV) in the United States since 1991.

This report is the first of a two-part statement from the Advisory Committee on Immunization Practices (ACIP) that updates the strategy to eliminate HBV transmission in the United States. The report provides updated recommendations to improve prevention of perinatal and early childhood HBV transmission, including implementation of universal infant vaccination beginning at birth, and to increase vaccine coverage among previously unvaccinated children and adolescents. For a PDF version of this report go to: <http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>

Folic acid is a B-vitamin. The recommended amount to prevent spina bifida and other neural tube defects is 400 micrograms of synthetic folic acid daily. This can be accomplished in three ways. First, take a multivitamin or a single pill of 400 micrograms of folic acid every day. Second, eat a bowl of a breakfast cereal containing 100percent of the daily value of folic acid per serving. There are several cereal products on the market that meet this criterion for folic acid content. Finally, and perhaps the best method, eat a healthy diet



that contains lots of fruits and vegetables and foods fortified with folic acid.

Folic acid in a vitamin supplement, when taken one month before conception and throughout the first trimester, has been proven to reduce the risk for a neural tube defect-affected pregnancy by 50 to 70 percent. Folic acid is necessary for proper cell growth and development of the embryo. It isn't known exactly how folic acid works to prevent neural tube defects, but its role is essential during the process of rapid cell growth when fetal tissues and organs are forming early in pregnancy. For more information go to: http://www.marchofdimas.com/pnhc/173_769.asp

Study on a Condition of Extreme Prematurity

In the January 6 edition of the New England Journal of Medicine, an article reported the results of a longitudinal study of extremely premature infants at age 6 compared to a control group of classmates born at full term. Several findings from this study are pertinent to the practice of perinatal medicine. Namely, among various groups of premature infants ranging from 22 to 25 weeks of gestation, a very low survival to hospital discharge rate was found. Further,

when using a reference group of children born at full term compared to those born preterm on tests of cognitive ability, 41 percent of the preterm group scored two standard deviations below the mean indicating severe neurological impairment.

On the positive side, about 20 percent of the children in this study showed no disability. With these study results in mind, further research seems to be indicated to identify biologic, environmental, and genetic



factors that may provide some protection to these vulnerable infants.

For an abstract of the article *Neurologic and Developmental Disability at Six Years of Age after Extremely Preterm Birth* go to: <http://content.nejm.org/cgi/content/abstract/352/1/9>. Or, for information on premature labor and prematurity, go to: http://www.marchofdimas.com/prematurity/13454_5809.asp

CHILD HEALTH

Brenda Nickel, Child Health Consultant

Every Day Can Be Valentine's Day!

Valentine's Day is touted as "the day of love" - a time to share your feelings with those special people in your life! Everyday, including February 14, can be a time to share your love with special people! Here are some loving, inexpensive ways to tell someone, "I love you!" ♥

♥ Make popcorn and watch a movie they love!

♥ Make "I Love You" coupons, for example, "this coupon good for a walk when and where you pick" or "this coupon good for breakfast in bed!"

♥ Tell your special person, "You are important to me, I'm happy you're in my life!"

♥ Make their favorite foods for dinner - even if it is pancakes, ice cream, and cookies!



♥ Have a "date" night once a week to do something you both enjoy together - a walk, watch a favorite movie, read a story together - just making time for one another will make this an event to look forward to!

If you show kindness, consideration, and gentleness with your family every day, then every day is Valentine's Day - you won't spend much money, but your time together will be priceless! ♥

You have a lifetime to work, but children are only young once.
— Polish Proverb

KAN Be Healthy Program Questions and Answers

I have received several questions regarding certificate requirements for nurses who are providing KAN Be Healthy (KBH) exams. The following information was obtained from Joanne Ramberg, R.N., Ph.D., FAACS, Coordinator at Washburn University and from the Continuing Education site at Washburn, which can be accessed at http://www.washburn.edu/ce/health_care/kbh/index.html.



The following is a condensed version of KBH answers:

♥ The Registered Nurse KAN Be Healthy Training Program replaced the Child Health Assessment Nurse Provider (CHANP) certification program on July 1, 2002.

♥ Target audience for KBH training: Registered Nurses, not previously CHANP Certified or any nurse who wishes to "brush up" their physical assessment skills or refresh their knowledge base for performing KBH exams under the Kansas EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program.

♥ Three options for obtaining training for nurses is available: on-line, classroom, and independent study options are available. You may access the aforementioned Web site for more information, including materials, cost, and time-lines from completing your training.



Dental Health for Babies, Too!

Cathy Coon, a Healthy Start Home Visitor in Greenwood County, requested resources so that she could create a bulletin board about baby bottle tooth decay. Dawn McGlasson, KDHE Office of Oral Health Deputy Director, provided



some resources for Cathy to use, including a link to the KDHE Oral Health Initiative Web site where you can get all sorts of helpful information regarding oral health for all ages! Just point and click on <http://www.kdheks.gov/ohi/index.html> and see what resources may be available for you when the bulletin board bug "bites!"

Cathy, thanks for looking out for the oral health needs of the little folk in your area!

Older Child Passenger Safety Progress Report Now Available Online

A report assessing the nation's progress in improving the safety of older child passengers has been posted online by the National Highway Traffic Safety Administration (NHTSA) at <http://www.nhtsa.dot.gov/people/injury/childps/BoosterSeatProgress/index.htm>.

The record to-date is a mixed one. Significant progress has been achieved in several important areas, but a number of complex and challenging obstacles remain: 350 child passengers ages 4-8 died in 2004, es-

entially unchanged from 2003.

The report explores advances made through 2003 in reducing injuries and fatalities to children of booster seat-age and size relative to specific injury and fatality reduction goals developed by NHTSA under the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act.

NHTSA's goals are to reduce the incidence of injuries and fatalities sustained by booster seat-aged children. No official goal to increase booster

seat use itself has yet been established due to technical and other difficulties in establishing a baseline estimate of booster seat usage. The report notes, however, an effort to establish a reliable scientific estimate will begin as a part of the 2006 National Occupant Protection Use Survey (NOPUS). A number of additional directives were subsequently included in "Anton's Law" and the progress made in fulfilling those requirements is also assessed in the report.

The report includes: his-

torical timeline of significant events in the effort to increase use of booster seats among older-child passengers; summaries of key recent research on the importance of booster seat use; update on related legislative pursuits at the state level; outline of current and future NHTSA programs and activities to increase booster seat use; highlights of relevant efforts by other national organizations (both private sector and non-profit organizations); and a listing of online resources.

ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant

Where Can I Find That Information?

Over the years finding Web sites that are informative and precise has become not only fun but necessary to complete grant applications and provide information requested by our customers. To make your hunting for information more successful and easier, I have compiled some of the most helpful sites I have found in my research.

First, we will look at the KDHE Web site and how to get to the Children and Families Section.

If you go to the main page for KDHE, <http://www.kdheks.gov/index.html>, under the main heading (under the picture of the fountain) is listed; Health, Environment and Laboratories. Click on Health and, under



Bureau Listings, you will find the Bureau for Children, Youth and Families where our section is located. Click on the Children and Families Section link to go to our home page. (<http://www.kdheks.gov/c-f/index.html>) **Children & Families Section**

On the Children and Families Web page you will find links on the left side of the page to the following Web pages related to adolescent health:

- **Abstinence Education:** Information on the projects that receive federal funding through state contracts for education on abstinence until marriage. Soon, there will be a dedicated Web site for the abstinence program at <http://www.gonnawait.com>.
- **Child and Adolescent Health:** Information

on the different programs and entities that the child and adolescent health consultants impact.

- **Comprehensive School Health Services:** Information of the school based clinic projects.
- **School Health Resources:** Under Resources for Kansas Schools, in **Documents:** BMI charts; Nurse Practice Act; Communicable Disease Handbook for Schools; Guidelines for dealing with Emergency Procedures, animals in schools, head lice and; KDHE Health Information Fact Sheet with listing from identification and treatment of black widow spiders, cryptosporidiosis, Hantavirus, hepatitis, impetigo, mumps, radon and rabies, to name a few. In **Forms/Letters**, you will find KCI's, School Nurse Contract samples, KBH forms, etc. **Links** will take you to a listing of links to a variety of Kansas and national sources of information and tools. In **Training Opportunities for School Personnel**, we have links to vision and hearing workshops.
- **Teen Pregnancy Prevention Projects:** A brief description of the teen pregnancy programs in Kansas, and forms for goal planning and tracking and data management.
- **Women's Health Care and Family Planning Services:** A brief description of services offered relating to women's health along with contact information.
- **Zips Newsletters:** All previous ZIPS newsletters along with the current month. Next month, we'll add more sites for you to bookmark in your browser!

BLAST Youth Delegation Applications Due Soon

Once again, The Food Project's BLAST (Building Local Agricultural Systems Today) Initiative will be organizing a youth delegation to Kellogg's 2006 Food and Society (FAS) Conference. This program is designed to increase the presence of youth at the conference to gain the creative input of tomorrow's leaders and to help bridge generations. The Food Project is running a pre-conference day for the youth to help them prepare to contribute and gain as much as possible from the conference.

Youth can mean high school students (juniors or seniors), college students, and other young adults under the age of 25. Applications are available at the BLAST Web site, at <http://www.thefoodproject.org/blast/internal1.asp?ID=434>. Lodging and most meal costs will be covered in full, and there is some scholarship money available to assist with travel. **Applications are due by February 10.**

If you have any questions or are considering applying, please contact Dylan Fitz at 617-442-1322 (x21) or at blast@thefoodproject.org.

Every man has a right to his opinion, but no man has a right to be wrong in his facts.

— Bernard Baruch



KDHE's Abstinence Education Consultant is excited to announce two dynamic training workshops that will equip and empower you to mobilize your community and teach your teens the skills to avoid drugs, alcohol, early sexual debut and other high risk behaviors. These workshops are conducted by WAIT Training of Colorado and the first workshop, "WHY WAIT NOW?," is a community forum and mobilization work-

WAIT Training Coming to Kansas City in March

shop establishing a healthy and engaging dialogue about teen sex answering questions like: How did we get here? How can we help our adolescents? Is it realistic for teens to WAIT? What about the kids who are already sexually active? What about the gay, lesbian, and questioning youth? What about those teens who are already pregnant and parenting?

The second, two-day workshop teaches relationship skills; positive youth development and character lessons; life skills; conflict resolution; safe dating strategies; marriage preparation education; and ways to empower sexually active teens to return to a healthy abstinence lifestyle. This

training will cover the WAIT Training curriculum and will result in certification of those who attend to use that curriculum in schools. Attendees will also receive all training materials for free.

Both workshops are offered with free registration and will be conducted at the Hilton Garden Inn Kansas City/Kansas at 520 Minnesota Avenue. The community mobilization event will be March 23 and the two-day WAIT Training certification training will be March 24 and 25. For more details and to register for one or both, go to <http://www.waittraining.com/calendar.asp>.

PUBLIC HEALTH

Children and Families Section

February is **Go Red for Women** Month

Go Red For Women began in 2004 to raise awareness that heart disease is the number one killer of women. In 2003, 55 percent of all CVD deaths in Kansas were in women, compared to 53 percent of all CVD deaths in women nationally. The presence of certain risk factors increases a woman's chance of developing cardiovascular disease. In Kansas in 2004:

- ♥ 1 in 4 adult females were diagnosed with high blood pressure
- ♥ 1 in 3 adult females had high blood cholesterol (among those who ever tested for blood cholesterol)
- ♥ 1 in 6 adult females were current cigarette smokers

Activities across Kansas include: Governor Sebelius will sign a proclamation that February 3 is Go Red for Women Day and on February 2, the Governor and state legislators will dress in red for pictures at the Capitol.

ASSESSING NUTRIENT INTAKES OF VULNERABLE SUBGROUPS



A recent study by the Economic Research Service of the US Department of Agriculture is a comprehensive analysis of the nutrient adequacy of segments of the population at risk of inadequate nutrient intake, excessive intake, or dietary imbalances, based on the Continuing Survey of Food Intakes by Individuals conducted in 1994-96 and 1998. The segments include adolescent females, older adults, children and adults at risk of overweight, individuals living in food-insufficient households, low-income individuals, and individuals targeted by and participating in food and nutrition assistance programs.

The study adds to a growing litera-

ture which, to analyze nutrient intakes, uses current, improved knowledge of nutrient requirements and recommended nutrient assessment methods. The study indicates generally inadequate intakes of key micronutrients, especially magnesium, calcium, folate, and vitamin E; energy intakes less than recommended energy requirements for adults; and consumption of too much food energy from fat and not enough from carbohydrates; and inadequate intakes of fiber. In addition, diet adequacy deteriorates as individuals get older. Children - especially infants and young children - have diets that are more nutritionally adequate than those of adolescents and adults.

For more information, see <http://www.ers.usda.gov/Publications/CCR11/>.

When people keep telling you that you can't do a thing, you kind of like to try it.

— Margaret Chase Smith

Food Labels Will Carry Allergen Warnings

Effective January 1, manufacturers of foods were required to state clearly on their labels, "in plain English," the presence of ingredients that contain protein derived from milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, or soybeans - substances to which many children and adults are allergic. The federal Food and Drug Administration is requiring the new labeling in line with a law passed by Congress—the Food Allergen Labeling and Consumer Protection Act of 2004.

Manufacturers do not have to remove products from shelves that don't carry the new information if

the foods were labeled before January 1, so the FDA is cautioning consumers that "there will be a transition period of undetermined length" before the safeguards are fully in place. When they are, the FDA points out, the labels will be especially helpful to children who must learn to recognize the presence of substances they must avoid. It's estimated 2 percent of adults and about 5 percent of infants and young children suffer from food allergies. More information about the new label requirements is available at <http://www.cfsan.fda.gov/~dms/wh-alrgy.html>.

From the Pennsylvania Hospital Archives

Florence Nightingale continues to inspire public health nurses with her quote, "For we who nurse, our nursing is something which, unless we are making progress every year, every month, every week, we are going back. No system shall endure which does not march."



Kansas Public Health Conference Coming in April

The Conference Committee invites you to the 2006 Spring Public Health Conference to be held April 11, 12 and 13, at the Hyatt Regency Hotel in Wichita. This conference will focus on partnering and taking steps together to make our communities in Kansas, healthier places to live and grow. Previous spring conferences (MCH Conference, KPHA Conference, and the Public Health Nursing Conference) are combining to decrease participant time away from work, increase the variety of offerings, and create an atmosphere where people link with others to increase professional competency and reach Healthy

People 2010 goals for Kansas.

The 2006 Conference theme is "PUBLIC HEALTH IN KANSAS - TAKING STEPS TOGETHER." The goals of the conference are:

- 1) Share best practices in public health
- 2) Promote partnerships at the local, regional, state, and national levels
- 3) Increase effectiveness of public health leadership and management roles
- 4) Increase public health workforce competency
- 5) Discuss strategies to eliminate health disparities

For additional information or assistance, contact Julie Oler-Manske at 316-293-2626 or jolerman@kumc.edu.



Ask Ken!

(About CVRs)

Q: Can we mark M&I on the CVR if we do not have an M&I grant?

A: If you have an MCH grant then yes, M&I can be marked on the CVR if you provide a service including care coordination or referral of any sort of a pregnant woman to a resource/service. However, if you don't receive any MCH grant money, then you should not be completing CVRs.

Q: What is a School Link clinic?

A: Currently, there are four School Link clinics in the State of Kansas. They each receive a grant to provide services under Child Health (birth through age 21).

SCHOOL HEALTH

Jane Stueve and Brenda Nickel, School Health Consultants

"Bloom Where You Are Planted"

By Brenda Nickel

February hints at spring! - With mild winter temperatures, spring planting guides and catalogs are stuffed in our mailboxes, and plans are made for composing gardens for the "growing season." Anticipating fruitful and beautiful gardens inspires the grower. I have been hearing about, and seeing first hand, public health practitioner's plans for planting the diverse seeds that will fill the various gardens that brighten our state. January has been filled with New Year plans being set in motion, grants being reviewed and written, goal setting, and assessments of programs and practices.

I traveled to the Nemaha Community Health Center to spend the day with KDHE colleague Jane Stueve and four outstanding school and public health nurses who wanted training to use the Diagnodent. Jane Sunderland, the Nemaha health center administrator, welcomed us into her garden and invited us to spend the day with Marilyn Ronnebaum, USD 380, Diane Schoening, USD 441, Michelle Edelmann USD 441, and Nemaha Public Health Nurses Janet Stallbaumer and Kim Jones to learn about the advantages of preventive dental health care, use of the Diagnodent as a dental screening tool, and the challenges

that face families in trying to secure dental care for their children. Perhaps the most fun was the "informal" sharing of gardening secrets that each nurse shared about how they get their students and families to bloom, regardless of the challenges that may be occurring within their schools and communities.

I also ventured to the Kauffman Foundation in Kansas City to participate in the inaugural Citizens Health Care Working Group, a project that was put into "law" by Congress to get input from United States citizens to determine our health care needs and how we may fund health care in the United States. This meeting was so exciting as over 100 people from various organizations and groups came together to begin to discuss what needs to be done so that all of our citizens can grow and blossom, even in the face of potential funding cuts that will could impact programs that work to grow healthy people. The issues discussed are provocative and the suggestions made by



participants indicate that even in the worst of times and funding concerns, everyone hopes that the garden they envision will grow with careful planning, pruning and nurturing. To understand this process and to see the progress of this working group, go to <http://www.citizenshealthcare.gov>.

I have talked with several practitioners across Kansas this January, usually because we need to visit about how to best meet the health needs of a community, a family, and a child. I am always inspired by the positive attitudes and creative minds that are seeking out innovative ways to deal with "pests" that may spoil our plans to stimulate growth. And best of all, I love the chance to visit with my contacts because of the growth that occurs for both of us during our conversations. With all of the challenges that face public health providers daily, there's not a single person out there who isn't working hard to enrich their garden with prevention, education, and direct services to assist their communities to "grow where they are planted."

We have two lives—the one we learn with and the life we live after that.

— Bernard Malamud

School Nurse Survey Now Online

The 2005-2006 School Nurse Survey is now online. This year the survey asks for more demographic information than in the past. When analyzed data, it became apparent that we could not compute some facts.

For example, with the 2004-2005 surveys relating to school nurse salary, epidemiologist Carol Moyer says we cannot calculate a true average with the data because we did not differentiate between coordinators and staff school nurses. However, among full time school nurses, 49 percent indicated that they earned between \$30,000-\$39,000. This year we are hoping to get more detailed information for your use to justify your position.

Please complete the survey at <http://www.kdheks.gov/c-f/school.html>. The first time you sign on go to School Nurse Survey be sure to write down your PIN number. You can enter your basic information and scan the survey. To update your survey, go to Complete Nurse Survey (you will need your PIN to get back into the survey you started). For questions, contact Jane Stueve at jstueve@kdhe.state.ks.us.

SCHOOL NURSE SHORTAGE

According to estimates based on a survey by the federal Health Resources and Services Administration, 56,239 registered nurses worked in public schools in 2000 -- the most recent year for which data is available. In addition, private or parochial schools employed more than 5,000 nurses. The National Association of School Nurses (NASN), which conducts its own count, estimates that only 40,000 health professionals practice in the nation's schools. By any estimate, there are not enough nurses looking after 54 million children in US schools.

The NASN set a standard of a full-time nurse for every 750 students as the minimum to deliver thorough, effective care in a typical school. The federal Healthy People 2010 initiative also adopted a ratio of 1:750 as a goal, but few states mandate staffing at that level. (NASN recommends a 1:225 ratio in mainstreamed special education populations and a 1:125 proportion among the severely ill or developmentally disabled.)

A study published in the Journal of School Health in January 2004 found that in schools with better nursing coverage, children received more counseling services for

social and emotional difficulties such as depression and unintended pregnancy, more services following school injuries, and more follow-up when mandatory vision screening revealed problems. The researchers concluded: School nurses do make a difference.

Without state-mandated staffing levels, school-nurse positions are vulnerable to budget cuts. Yet some districts continue to add nurses and keep them when money gets tight. Olathe, a rapidly growing suburb of Kansas City, hires a nurse every time it builds a new school -- and it has opened 12 in the past 10 years. Even the smallest elementary school, with 238 children, has a full-time nurse; each high school also has a half-day health assistant. Parents and school officials apparently view nursing as essential, like fire and police protection. "In our community, we're taking care of one-fourth of the population from 8 am until 4 pm.," says Cynthia Galemore, the school district's coordinator of health services.

For more, go to: http://edutopia.org/magazine/ed1article.php?id=art_1424&issue=dec_05#

EVENTS

February is National Children's Dental Health Month

The American Dental Association produces a program planning kit for its state and local societies and dental alliances to assist them in local promotional efforts. Planning kits include a poster, planning workbook, suggested resources, reproducible handouts, and publicity information. Posters are also available to the dental societies for use in classroom visits. For more ideas and resources, go to <http://www.ada.org/prof/events/featured/ncdhm.asp>. You can also find excellent resources at the KDHE Office of Oral Health Web site at <http://www.kdheks.gov/ohi/index.html>.

SAVE THE DATE!

The Kansas Fatherhood Coalition proudly announces the 4th annual KANSAS FATHERHOOD SUMMIT, **March 19-21**, at the Wichita Marriott. The summit is intended for social workers, nurses, counselors, home visitors, fathers, mothers, grandparents, Head Start staff, and community leaders. Key-note speakers include Jerry Tello, David Pate, Will Stovall and DJ Eagle Bear-Vanus. New this year are Healthy Marriage track, Grandparent track and Domestic Violence track in addition to the 16 Fatherhood track break-out sessions. Registration fee before February 20 will be \$25 for parents/caregivers and \$75 for practitioners. Visit <http://www.srskansas.org/ISD/ees/FatherhoodBrochure2006.pdf> or contact Tammy Aguilar at 785-368-6350 or txa@srskansas.org for information or to register. (For Spanish version of the brochure, go to: <http://www.srskansas.org/ISD/ees/espanol/FatherhoodBrochure2006SPA.pdf>)

SAVE THE DATE!

Two outstanding workshops will be conducted at the Hilton Garden Inn in Kansas City, KS, on March 23-25. The first night will be a community forum and mobilization workshop establishing a healthy and engaging dialogue about teen sex. The next two days will be a workshop teaching use of the WAIT Training curriculum. Registration is free for both. To register, go to <http://www.waittraining.com/calendar.asp>.

SAVE THE DATE!

The Kansas 2006 Spring Public Health Conference to be held on April 11, 12 and 13, at the Hyatt Regency Hotel in Wichita. This conference will focus on partnering and taking steps together to make our communities in Kansas healthier places to live and grow. Previous Spring conferences (MCH Conference, KPHA Conference, and the Public Health Nursing Conference) are combining to better serve health professionals in Kansas. Plan now to attend.

Kansas School Nurse Annual Conference in July
Mark your calendars! The **17th Annual Statewide Summer Conference for Kansas School Nurses** - Building Healthy Foundations; Eat Healthy, Move More - will be July 17-20 at the Hyatt Regency in Wichita. The New School Nurse section for the conference will be July 17-18 and the General Session will be July 18-20.

Whooping Cough Vaccination Recommended for Adolescents

The incidence of whooping cough in the United States has increased from a low of 1,060 cases in 1976 to more than 25,000 reported cases in 2004, and more than a third of the 2004 cases occurred in adolescents age 11 to 18 years. http://www.healthinschools.org/2005/dec15_alert.asp



RESOURCES

HeartHealthyWomen is the title of an important new Web site devoted to heart disease now available from the US Department of Health and Human Services, Office on Women's Health (OWH). At <http://www.HeartHealthyWomen.org>, this comprehensive Web site provides the public and health professionals with information on the diagnosis and treatment of heart disease in women. Note: this new Web site is different from OWH's other women's heart health Web site, **For Your Heart** (<http://www.womenshealth.gov/ForYourHeart>). For Your Heart offers information on preventing heart disease while Heart Healthy Women primarily offers information on diagnosing and treating heart disease.

Fort Hays State University is offering a two-month **grant proposal writing course** that can be taken at home. It is taught by faculty who have worked with a number of rural Kansas health care institutions to develop successful proposals for competitive, federally-funded grant programs. The next session begins on February 22. For information, contact Ms. Colette Gnad in the Sociology and Social Work Department at Fort Hays at cgnad@fhsu.edu or (785) 628-5840.

The Center for Health and Health Care in Schools (CHHCS), a nonpartisan policy and program resource center at the George Washington University School of Public Health and Health Services, provides a listing of grants from a variety of sources for a variety of reasons. Check it out at: <http://www.healthinschools.org/grants/alerts.asp>

One-fifth of students receive some type of school-supported mental health services during the school year, according to a new national survey, **School Mental Health Services in the United States, 2002-2003**, released by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey of 83,000 elementary, middle, and high schools reports all schools cite social, interpersonal, or family problems as the most frequent mental health problems for students. Copies can be obtained, free of charge, from SAMHSA's National Mental Health Information Center at 1-800-789-2647, or on the Web at <http://store.mentalhealth.org/cmhs/ManagedCare/pubs.aspx>.

To learn the views that parents currently have on the issues of nutrition and physical activity in schools, as well as the changes parents believe are most needed in schools, **Action for Healthy Kids** conducted a national survey with parents. The survey results reveal three critical findings. First, parents need better information about current wellness practices in their children's schools. A significant gap exists between what parents believe is happening, what they would like to happen, and what is actually happening in schools. Second, parents need to be informed about the Child Nutrition and WIC Reauthorization Act of 2004, its mandate for the creation of school wellness policies, and the mandate that parents (among other key school stakeholders) be involved from the beginning in designing these wellness policies. Third, even though some parents may not be able to state unaided specifically what a wellness policy should include, a majority of parents are clear about the kind of wellness practices that should be included in school wellness policies. Check out the full report at [http://www.actionforhealthykids.org/pdf/parent%20survey%20100605%20\(2\).pdf](http://www.actionforhealthykids.org/pdf/parent%20survey%20100605%20(2).pdf).

Aim at heaven and you will get earth thrown in. Aim at earth and you get neither.

— C.S. Lewis



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Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids. We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback, and suggestions.

Previous editions of ZIPS can be found at:

<http://www.kdheks.gov/c-f/zips/>

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PREGNANCY OUTCOMES BEFORE AND AFTER A DIAGNOSIS OF LUPUS

"Our study confirms that babies who are born to mothers with lupus are significantly preterm, which is consistent with other reported studies. Additionally, we showed preterm births to occur more frequently both before and after the diagnosis of maternal lupus," state the authors of an article published in the October 2005 issue of the American Journal of Obstetrics & Gynecology. The adverse effect of systemic lupus erythematosus (SLE) on pregnancy outcome is well established. However, there are insufficient data in the current literature on fetal outcomes with respect to the timing of disease onset in mothers with SLE. The purpose of the study described in the article was to examine the relationships of pregnancy complications and neonatal outcomes before and after the diagnosis of SLE in a series of carefully studied, formally diagnosed patients.

Data for the study were drawn from the Wayne State University Hutzel Hospital Perinatal Database. To evaluate the relationship between SLE and the timing of its diagnoses and pregnancy and infant outcomes, two SLE groups (women formally diagnosed before and after the index pregnancy) were com-

pared with each other and with the control group.

The authors found that:

- Stillbirth rates were significantly higher in both SLE groups compared with the control group; women's central nervous system disease was significantly associated with a stillbirth outcome.
- There was a greater frequency of pregnancy-induced hypertension and chronic hypertension in the already-diagnosed SLE group compared with the control group, but not in the not-yet-diagnosed group.
- Compared with the control group, gestational age was significantly lower and preterm birth rates were significantly higher in the SLE groups.
- The percentage of infants in the very-low birthweight categories was significantly higher in the SLE groups than in the control group.
- Infants born to mothers with SLE were relatively growth restricted, as shown by significantly decreased mean birthweight percentiles for the SLE groups compared with the control group.

"The key finding of our study is that poor fetal outcomes are seen in pregnancies that are complicated by lupus, even before the disease is clinically apparent in the mother," conclude the authors, suggesting that "as in diabetes mellitus, there is a predis-ease state in lupus that adversely affects fetal outcomes."

Source: Dhar JP, Essenmacher LM, Ager JW, et al. 2005. Pregnancy outcomes before and after a diagnosis of systemic lupus erythematosus. American Journal of Obstetrics and Gynecology 193(4):1444-1455.

